CENTERS FOR MEDICAL STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDENCE IA IDENTIFICATION MUNICIPE	A BUIL	At sanded	COMPAND COMPAND  COMP	
ALC NO	PROVIDER OR SUPPLIER	445504	B. WHG			
NEWPO	rt Health and ren	ABILITATION CENTER	3	TREET ADDRESS, CITY, STATE, ZIP CODE 136 GENERATION DRIVE NEWPORT, TH 57821	1 12/10/20	<u>12</u>
(X4) ID PREPSX TAG		TEMENT OF DEFORENCES MUST BE PRECEDED BY FULL OF IDENTIFYING ENFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECT (BACH CORRECTIVE ACTION SHOU CROSS-FREE BACK) TO THE APPR DEFICIENCY)	RON COM	OCI) PLETI
K 038 SS≃D	!   Exit access is arrane	ETY CODE STANDARD ged so that exits are readily as in accordance with section	K 038	How will corrective action be accomplished for those reside found to have been affected by the deficient practice?  A contractor has been contacted to remove, re-gra and re-pour the sidewalk.	nts   W	ork Vill gin fore 3/20
1	Based on observation and discharge is read the findings include:  Observation on Dece nevealed the sidewalk department was underworty (20) feet of the total of the finding was varification and acknowled.	mber 10, 2012 at 12:25 p.m. t from the physical therapy of water. Approximately t skiewalk was under 1 inch		Flow will the facility identify other residents as having the potential to be affected by the same deficient practice?  An audit was conducted of a needing access to that sidew the means of egress and it was not us any patients, visitors, or staff members in the course of observation. This visual observation was conducted of five-day period from 17DEC 21DEC12.  What measures will be put in posystemic changes made to ensure deficient practice will not recurse A contractor has been contact remove, re-grade, and re-poundiewalk.	alk for as sed by f  ever a cl2 to lace or re that ?	
25870	02-00) Previous Versions Osso	Diate Event ID: 8C4R21		How will the facility monitor its corrective actions to ensure that delicient practice will not recur. An audit of this sidewalk, as as other public access sidewal our campus will be conducted monthly to insure compliance the standard. Reports will be to the QA Committee monthly	the ? well lks on ! with	

<sup>&</sup>quot;Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DMB NO. 0938-0391 (X1) PROVIDERSUPPLIER/CLIA IDENTIFICATION NUMBER (AZ) MALTIPLE CONSTRUCTION (AS) DATE SURVEY A BUILDING COMPLETED CI - MAIN D. WAYG. 445504 HAME OF PROVIDER ON SUPPLER 12/10/2012 street address, City, State, 229 Code NEWPORT HEALTH AND REHABILITATION CENTER 135 GENERATION DRIVE MENPORT, TH 37821 (X4) ib PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDERS PLAN OF CORRECTION (EACH CONNECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETION CATE REGULATORY OR LOC IDENTIFYING INFORMATION TAG DEFICIENCY) K 056 NFPA 101 LIFE SAFETY CODE STANDARD How will corrective action be K 056 accomplished for those residents If there is an automatic sprinkler system, it is 01/28/2013 found to have been affected by the installed in accordance with NFPA 13, Standard for the installation of Sprinkler Systems, to deficient practice? provide complete coverage for all portions of the (A.) The cables in the ceiling that building. The system is properly maintained in were discovered to be supported by accordance with NFPA 25, Standard for the the sprinkler system have been Inspection, Testing, and Maintenance of lifted from the sprinkler pipe and Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water are secured in another manner. supply for the system. Required sprinking This was completed on systems are equipped with water flow and lamper 21DEC2012. (B.) The combustible materials switches, which are electrically connected to the building fire alarm system. 19.3.5 were removed rendering the outside area, without a combustible roof, to be within the parameters of NFPA 13. This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure How will the facility identify other the sprinkler system and components were residents as having the potential to be installed per NFPA 13, affected by the same deficient practice? The findings include: (A.) An audit has been conducted Observation on December 10, 2012 between of the remaining sprinkler pipes 12:30 p.m. and 4:00 p.m. revealed the following: and any other place where this was 1. Above ceiling at room 119, wiring attached to evident has been corrected. This or supported by the sprinkler piping. visual observation and subsequent 2. Pallo area with a non combustible cancov by administration offices has storage of combustible correction will be completed by materials with no sprinkler coverage. 28JAN2013. (B.) An audit was conducted of all These findings were verified by the maintenance outside areas surrounding the director and acknowledged by the administrator during the exit conference on December 10, facility to determine compliance 2012. with the storage of combustible materials. It was discovered that the cited location was the only one requiring action.

POPON CINE-2587(02-90) Prohibus Versions Obsolete

Event ID: SCHOOL

Pockby ID; TN1502



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AND PLAN OF CORRECTION (XI) PR		CARE & MEDICAIO SERVICES  (XI) PROVIDENSUPPLEMOLIA (DENTERONTON NUMBER)		(NE) MALTIPLE CONSTRUCTION A BURLING OI - MAIN		FORM APPROVE OMB NO. 0838-039 (A3) DATE SURVEY CONFIGER	
		445504	S. WIN	. Who		j	
NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 138 GENERATION DRIVE NEWPORT, TN 37821			12/10/2012	
OM) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FIAL REGULATORY OR LISC IDENTIFYING INFORMATION)		GEACH DEFICENCY MINT DE PROPERTES		PROVIDERS PLAN OF CORRECTION  (SACK CORRECTION ACCOMPANIES DO		CONTRACTION OWIE
			K 056	.			<u>!</u> _
			continue	Hor	hat measures will be put in stemic changes made to ense ficient practice will not reen (A.) An audit will be conducted the maintenance department time that work is conducted outside vendor that may compromise NFPA 13, as it to the sprinkler piping.  (B.) Visual inspections will completed weekly by the Diof Maintenance to insure concompliance with NFPA 13.  w will the facility monitor its rective actions to ensure that icient practice will not recur (A.) The findings of the community audits will be presented to the Quality Assurance Committee (B.) The findings of the week audits will be reported to the Quality Assurance Committee (B.) The findings of the week audits will be reported to the Quality Assurance Committee (B.) The findings of the week audits will be reported to the Quality Assurance Committee (B.) The findings of the week audits will be reported to the Quality Assurance Committee (B.) The findings of the week audits will be reported to the Quality Assurance Committee (B.)	re that r? cted by t any by an relates be irector ntinued t the ? pleted e e e dy	01/28/20
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDERSUPPLET/CLIA SIENTIFICATION NUMBER OMB NO. 0939-03 (C) LEATPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING 01 - MAIN 445504 R WING NAME OF PROVIDER OR SUPPLIER 12/10/2012 STRUCT ADDRESS, CITY, STATE, 29 CODE NEWPORT HEALTH AND REHABILITATION CENTER 138 GENERATION DRIVE MEMPORT, THE STREET SUMMARY STATEMENT OF DEFICENCES (EACH DEFICIENCY MUST BE PRECEIPED BY FULL REGULATORY OR LISC STENTIFYING INFORMATION) (X4) io PREPIX TAG PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE AÇÎ PREFIX COMPLETION DOI) 7AG DEFICENCY K 057 NFPA 101 LIFE SAFETY CODE STANDARD How will corrective action be K 067 Work SS=F accomplished for those residents Heating, ventilating, and air conditioning comply Will found to have been affected by the with the provisions of section 9.2 and are installed Begin deficient practice? in accordance with the manufacturer's Before specifications. 19.5.2.1, 9.2, NFPA 90A, An outside vendor has completed a 01/28/2013 19.5.2.2 review of the fire dampers in the facility. A maintenance schedule has been devised to comply with NFPA 90A. The process to meet This STANDARD is not met as evidenced by: the maintenance standard of NFPA Based on observation, interview, and record 90A will begin before 28JAN2013 and will conclude when the vendor review, the facility failed to assure the fire has been able to inspect each dampers were maintained in accordance with damper. NFPA 90A. The findings include: How will the facility identify other residents as having the potential to be Record review and Interview with the affected by the same deficient Maintenance Director on December 10, 2012 at practice? 11:00 a.m. confirmed the facility failed to perform An outside vendor has completed a the required 4-year fire damper maintenance. review of the fire dampers in the facility. This finding was verified by the Maintenance A maintenance schedule has been Supervisor and acknowledged by the devised to comply with NFPA 90A. Administrator during the exit conference on December 10, 2012. What measures will be put in place or systemic changes made to ensure that deficient practice will not recur? Based upon the findings of the independent audit, a maintenance schedule has been created that will comply with NFPA 90A. Compliance with this schedule will be reported to the facility Quality Assurance Committee. FORM CMS-2367(02-00) Prantous Varsions Obsolete Event Executed:

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How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?

The maintenance schedule as well as the progress of compliance with said schedule will be reported to the Quality Assurance Committee Monthly for 3 months and quarterly thereafter for three quarters.



CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEPICENCES AND PLAN OF CORRECTION  ONLY  PROVIDERS DENTIFICATION NUMBER 445504		(X1) PROVIDERSUM LERICLA IDENTIFICATION MUMBER:	A SULDING 01-MAR		OMB N	PORM APPROV OMB NO. 0938-0: (A3) DATE SURVEY COMPLETED	
		D. WAYS					
NAME OF PROVIDER OR SUPPLIER REWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, 135 GENERATION DRIVE, NEWFORT, TH. 37821		12/10/2012 20 CODE		
(X4) (D) PRESEN TAG		EMENT OF CHEICHINGES MAIST HE PRECEDED BY FIX! C TOENTIFYING REFORMATION)	PREFIX TAG	PROVIDERS PLAN OF COR (EACH CONSECUTE ATTOM CROSS REFERENCED TO THE		COMPLETION COMPLETION	
3320	Electrical wiring and with NFPA 70, Nation with NFPA 70, Nation with NFPA 70, Nation This STANDARD is a Based on observation of December 19 and 19 an	mber 10, 2012 at 12:40 p.m. ity was using an a cord for lighting a at the front entrance of all by the Maintenance Medical by the	1	How will corrective action accomplished for those refound to have been affected deficient practice?  The extension cord bein Christmas lights, outside plugged into an approve GFCI was removed from the facility identity residents as having the potentice?  A visual audit was complished by the same deficient practice?  A visual audit was complished to end the facility and the putential practice will not react the facility and the practice of Maintenance to insure compliance with NFPA. Findings of these inspection for reported to the facility assurance Committee.  How will the facility monitor corrective actions to ensure deficient practice will not react the reported to the facility assurance Committee.  The results of the inspection of the reported to the Quality Assurance Committee Monitore Committee Monitors and quarterly the second of the committee Monitors an	sidents d by the ag used for e that was ed external an service.  By other extial to be ent aleted to asion cords  in place or assure that external cons will Quality  r its first the cur? ons will onthly for	01/28/2	

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